

VOLUNTEER REGISTRATION RECORD
SHORT TERM VOLUNTEERS
Michigan Department of Human Services

PERSONAL DATA:

Volunteer Name (Last, First, Middle Name)			Birth Date	
Home Address (Street Number and Name, Rural Route, PO Box No.)			Person To Notify in case of emergency:	
City	Phone Home & Cell ()	Zip		
Home Telephone Number ()			Phone Home & Cell ()	
Do you require reasonable accommodations in order to perform volunteer services? <input type="checkbox"/> No <input type="checkbox"/> Yes (Please Explain)				

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Have you been identified as a perpetrator of child abuse or neglect? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you been convicted of a felony? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you been convicted of a misdemeanor? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you received any moving traffic violations? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a felony charge pending? |

I understand that I must not divulge information contained in Department of Human Services records and files, or information that is obtained while performing DHS activities, except to other DHS paid or unpaid staff who may need such information in connection with their duties.

I will continue to observe this confidentiality agreement after I leave the Volunteer Services of the Department of Human Services.

You have my permission to contact references, and to do a criminal record check, a children's protective services record check and a driving record check with the Secretary of State. ☐ Yes ☐ No

Volunteer Signature	Date	Interviewer Signature	Date
Signature of parent or guardian if volunteer is a minor	Date		

I authorize the use of my name and photograph/video taken for publicity purposes. ☐ Yes ☐ No

OFFICE USE ONLY

Placement Notes: <hr/>	
AUTHORITY: P. A. 280 of 1939. RESPONSE: Voluntary PENALTY: None	Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, sexual orientation, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

USE ONLY FOR SHORT TERM VOLUNTEERS